



## PERFORMANCE MENTORING PROGRAM

Employee Name (Last, First MI):		Serial #:	Unit:	Job Title:
SPD Service Time:	Time in Current Unit:	<input type="checkbox"/> Current secondary employment permit on file. <input type="checkbox"/> Employee has an up to date performance evaluation on file.		
Date of Notification from Human Resources:	Initial Meeting Date:		Tracking Number:	

### Performance Mentoring Review

(Additional pages or reports may be attached.)

#### 1. Indicator Criteria (Check all appropriate boxes and/or describe.)

☐ A. **Supervisory Recommendation (Mandatory):**

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☐ B. **Use-of-Force:** Three (3) incidents of use within 6 months.

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☐ C. **Vehicle Collisions:** Two (2) within 12months (preventable).

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☐ D. **Receipt of OPA or EEO Complaint:** Three (3) complaints within 12 months.

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☐ E. **Police Actions/Claims:** TBD

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☐ F. **Vehicle Pursuits:** TBD

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☐ G. **Incidents Involving Criteria A – F:** TBD

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#### Additional Information:

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**2. Items, Factors or Issues Discussed with Employee: (Describe.)**

**3. Employee's Input: (Describe.)**

**4. Prior Performance Review Information: ☐ Yes ☐ No (Describe.)**

**5. Any Input from other Supervisors? ☐ Yes ☐ No (Describe.)**

**6. Supervisory Recommended Outcome:**

☐ No Action

**Justification:**

☐ Mentoring Plan

**Justification:**

**Supervisors will check the appropriate boxes and document steps that are taken.**

**Collision:**

*Mandatory*

- ☐ Coaching
- ☐ Ride-along with employee for a minimum duration of one hour per shift, twice per work week

*Optional*

- ☐ No driving
- ☐ Drive non-emergency vehicle/prisoner transport
- ☐ Narrative drive with Education & Training Section staff
- ☐ Successful completion of EVOC
- ☐ CJTC driving simulator session



*Additional Supporting Documentation*

## **Use-of-Force:**

### *Mandatory*

- ☐ Coaching
- ☐ Comprehensive debrief of use-of-force incidents that triggered the PMP review
- ☐ Review of tactics used with precinct-based ICC instructor

### *Optional*

- ☐ Specific seizure/force application training, as designated by chain of command (Document or schedule attendance)
- ☐ Customized training plan (Develop and schedule with Training Unit)
- ☐ Required reading of communication text (Examples: *Communication Excellence*, by Brian Polansky, *Verbal Judo, the Gentle Art of Persuasion*, by George Thompson, *How to Win Friends and Influence People*, by Dale Carnegie, etc.)
- ☐ Successful completion of de-escalation training

*Additional Supporting Documentation*

## **Receipt of OPA /EEO Complaints**

### *Mandatory*

- ☐ Coaching
- ☐ Comprehensive debrief of the circumstances that led to the complaint, per Department policy and collective bargaining agreements
- ☐ Ride-along with employee for a minimum duration of one hour per shift, twice per work week
- ☐ Accompanying employee on, at a minimum, four calls/traffic stops/citizen contacts per work week

### *Optional*

- ☐ Successful completion of LEED class
- ☐ Communication text (Examples: *Communication Excellence*, by Brian Polansky)  
*Emotional Survival for Law Enforcement*, by Kevin Gilmartin, *How to Win Friends and Influence People*, by Dale Carnegie)



*Additional Supporting Documentation*

## Named in Police Action/Lawsuits

### *Mandatory*

- ☐ Coaching
- ☐ Comprehensive debrief of the circumstances that led to the legal action

### *Optional*

- ☐ Consultation with Department legal advisor
- ☐ Review of current case law/LED

*Additional Supporting Documentation*

## Vehicle Pursuits

### *Mandatory*

- ☐ Coaching
- ☐ Comprehensive debrief of the circumstances that led to the pursuit
- ☐ Review of Manual Section 13.031

### *Optional*

- ☐ Referral to Education & Training Section for additional EVOC training

*Additional Supporting Documentation*

Primary Supervisors Name	Serial	Title	Date	Time	<b>X</b> <i>Signature</i>
Lieutenant's Name	Serial	Title	Date	Time	<b>X</b> <i>Signature</i>



## Performance Mentoring Program

Captain's Name	Serial	Title	Date	Time	<b>X</b> <i>Signature</i>
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### Captain Recommendations (Mandatory):

☐ Monitoring Plan - *Specific Time Period Designated Below*

☐ | No Monitoring Period

Comments (specific time period mandatory):

Bureau Chief Name	Serial	Title	Date	Time	<b>X</b> <i>Signature</i>
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### Bureau Chief:

☐ Concur

☐ Returned for Additional Action

Comments: